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Based on PTO/SB/22 (12-04)

Approved for use through 7/31/2008. OMB 0851-0031  
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|   |                         |  |                  |
|---|-------------------------|--|------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |                         | <b>Docket Number (Optional) 01-047-RCE</b> |                  |
| <b>Application Number 09/605,688</b>  |                         | <b>Filed 06/27/2000</b>                    |                  |
| <b>For INFORMATION SERVICE SYSTEM FOR PROVIDING TERMINAL USERS WITH TERMINAL USER SPECIFIC INFORMATION</b>  |                         |  |                  |
| <b>Art Unit 2165</b>  |                         | <b>Examiner PARDO, THUY N</b>              |                  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                         |  |                  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                         |  |                  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | <b>Fee</b><br>\$ 120.00 | <b>Small Entity Fee</b><br>\$ 60.00        | \$ _____         |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$ 450.00               | \$ 225.00                                  | \$ <u>450.00</u> |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$ 1,020.00             | \$ 510.00                                  | \$ _____         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$ 1,590.00             | \$ 795.00                                  | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2,160.00              | \$ 1,080.00                                | \$ _____         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                         |  |                  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                         |  |                  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                         |  |                  |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                         |  |                  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1147</u> .                 |                         |  |                  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |                         |  |                  |
| I am the <input type="checkbox"/> applicant/inventor.   |                         |  |                  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86).  |                         |  |                  |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,701</u>  |                         |  |                  |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____   |                         |  |                  |
| <br>Signature  |                         | <u>December 22, 2005</u><br>Date           |                  |
| <u>David G. Posz (Reg. No. 37,701)</u><br>Typed or printed name   |                         | <u>(703) 707-9110</u><br>Telephone Number  |                  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                         |  |                  |
| <input type="checkbox"/> Total of _____ forms are submitted.  |                         |  |                  |

This collection of information is required by 37 CFR 1.136(e). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.34. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting this completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DEC 22 2005

FTO/SB/17 (12-04)

Approved for use through 07/31/2005. OMB 0851-0032  
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| <p>Effective on 12/8/2004.<br/>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>  |   | <p><b>Complete if Known</b></p> <p>Application Number <b>09/605,688</b></p> <p>Filing Date <b>06/27/2000</b></p> <p>First Named Inventor <b>SASAKI et al.</b></p> <p>Examiner Name <b>PARDO, THUY N</b></p> <p>Art Unit <b>2185</b></p> <p>Attorney Docket No. <b>01-047-RGE</b></p>   |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
|---|---|--|-----------------------|-----------------------|-----------------------|-----------------------|--|---|---------|---|----------------|-----|---------------------------|---------|-----|-----|-------------|-----|---|---|--|-----------------------|-----------------------|-----|-----|----|-----|---|-----|---|---|
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27  |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> <b>450</b>  |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>METHOD OF PAYMENT (check all that apply)</b>   |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____  |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <b>50-1147</b> Deposit Account Name: <b>Posz Law Group, PLC</b><br>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee   |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments  |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on FTO-2038.</p>   |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>FEE CALCULATION</b>  |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>   |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <table border="1"> <thead> <tr> <th>Application Type</th> <th>Small Entity Fee (\$)</th> <th>Large Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>600</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>300</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>500</td> </tr> <tr> <td>Provisional</td> <td>150</td> <td>0</td> </tr> </tbody> </table> |   | Application Type   | Small Entity Fee (\$) | Large Entity Fee (\$) | Utility               | 300                   | 600  | Design  | 200     | 100   | Plant          | 200 | 300                       | Reissue | 300 | 500 | Provisional | 150 | 0 | <table border="1"> <thead> <tr> <th>Small Entity Fee (\$)</th> <th>Large Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>250</td> </tr> <tr> <td>50</td> <td>150</td> </tr> <tr> <td>0</td> <td>250</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </tbody> </table> |  | Small Entity Fee (\$) | Large Entity Fee (\$) | 250 | 250 | 50 | 150 | 0 | 250 | 0 | 0 |
| Application Type  | Small Entity Fee (\$)   | Large Entity Fee (\$)  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Utility   | 300   | 600  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Design  | 200   | 100  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Plant   | 200   | 300  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Reissue   | 300   | 500  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Provisional   | 150   | 0  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Small Entity Fee (\$)   | Large Entity Fee (\$)   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| 250   | 250   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| 50  | 150   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| 0   | 250   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| 0   | 0   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
|   |   | <b>EXAMINATION FEES</b>  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
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| Small Entity Fee (\$)   | Large Entity Fee (\$)   | Fees Paid (\$)   |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| 100   | 200   | \$1,000  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| 65  | 130   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| 80  | 160   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| 300   | 600   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| 0   | 0   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>2. EXCESS CLAIM FEES</b>   |   | <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Small Entity Fee (\$)</th> <th>Large Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table> |                       | Fee Description       | Small Entity Fee (\$) | Large Entity Fee (\$) | Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50  | 25      | Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200            | 100 | Multiple dependent claims | 360     | 180 |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Fee Description   | Small Entity Fee (\$)   | Large Entity Fee (\$)  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  | 50  | 25   |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent   | 200   | 100  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Multiple dependent claims   | 360   | 180  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>Total Claims</b>   |   | <b>Multiple Dependent Claims</b>   |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 20 or HP =</td> <td>\$50</td> <td>\$0</td> </tr> </tbody> </table>  |   | Extra Claims   | Fee (\$)              | Fees Paid (\$)        | - 20 or HP =          | \$50                  | \$0  | <table border="1"> <thead> <tr> <th>Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> |         | Fee (\$)  | Fees Paid (\$) |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Extra Claims  | Fee (\$)  | Fees Paid (\$)   |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| - 20 or HP =  | \$50  | \$0  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Fee (\$)  | Fees Paid (\$)  |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
|   |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| HP = highest number of total claims paid for, if greater than 20  |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>Indep. Claims</b>  |   | <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 3 or HP =</td> <td>\$200</td> <td>\$0</td> </tr> </tbody> </table>   |                       | Extra Claims          | Fee (\$)              | Fees Paid (\$)        | - 3 or HP =  | \$200   | \$0     |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Extra Claims  | Fee (\$)  | Fees Paid (\$)   |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| - 3 or HP =   | \$200   | \$0  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| HP = highest number of independent claims paid for, if greater than 3   |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>3. APPLICATION SIZE FEE</b>  |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(C) and 37 CFR 1.16(s).   |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>Total Sheets</b>   |   | <b>Number of each additional 50 or fraction thereof</b>  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| - 100 = / 50 = (round up to a whole number) x   |   | <table border="1"> <thead> <tr> <th>Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$0</td> </tr> </tbody> </table>   |                       | Fee (\$)              | Fees Paid (\$)        |                       | \$0  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Fee (\$)  | Fees Paid (\$)  |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
|   | \$0   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>4. OTHER FEE(S)</b>  |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Non-English Specification, \$130 fee (no small entity discount)   |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Other: Two-month extension fee  |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
|   |   | <b>\$450</b>   |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| <b>SUBMITTED BY</b>   |   |  |                       |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Signature   |  | Registration No. (Attorney/Agent)  | 37,701                |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
| Name (Print/Type)   | DAVID G. POSZ   | Telephone  | (703) 707-9110        |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |
|   |   | Date   | December 22, 2005     |                       |                       |                       |  |   |         |   |                |     |                           |         |     |     |             |     |   |   |  |                       |                       |     |     |    |     |   |     |   |   |

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